

# EXHIBIT G

LOCATION OF OCCURRENCE 725 N. 10th		CODE		TIME OUT		TIME IN	
DATE OF OCCUR. 9/23/24		DAY CODE 1		TIME OF OCCUR.		NATURE OF INJURY None	
COMPLAINANT Police		AGE		RACE		SEX	
ADDRESS 0900		PHONE (HOME)		PHONE (BUSINESS)			
FOUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No		REPORT TO FOLLOW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Close Out		UNIT		CODE	
WITNESS <input type="checkbox"/> Yes <input type="checkbox"/> No		TRACEABLE PROP. <input type="checkbox"/> Yes <input type="checkbox"/> No		UNIQUE DESCRIPTION OF OFFENDER <input type="checkbox"/> Yes <input type="checkbox"/> No		OTHER EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable) S-BAR CHECK Sgt. 8795 visited CAD Room @ 725 N. 10th st. No issues were noted							
WITNESS LIC # R7636		ADDRESS		PHONE NUMBER			
OFFENDER INFORMATION							
PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)		PROP. CODE		INSURED <input type="checkbox"/> Yes <input type="checkbox"/> No		STOLEN VALUE \$	
						DC NO.	
VEHICLE 1 — OWNER'S NAME		VEHICLE 2 — OWNER'S NAME					
VEHICLE 1 — OPERATOR'S NAME		VEHICLE 2 — OPERATOR'S NAME					
WANTED/STOLEN MESSAGE SENT General No. Date		DIST./UNIT TERMINAL		RECEIPT NO.		SENT BY	
REPORT PREPARED BY		NO.		DIST./UNIT		TOTAL PAGES	
						PAGE NO.	



DATE OF OCCUR. 9/18/24		DAY CODE 3	TIME OF OCCUR.		NATURE OF INJURY None	
COMPLAINANT Police			AGE	RACE	SEX	PHONE (HOME)
ADDRESS 0900					PHONE (BUSINESS)	
FOUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No	REPORT TO FOLLOW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Close Out			UNIT	CODE	INV. CONT NO.
WITNESS <input type="checkbox"/> Yes <input type="checkbox"/> No	TRACEABLE PROP. <input type="checkbox"/> Yes <input type="checkbox"/> No		UNIQUE DESCRIPTION OF OFFENDER <input type="checkbox"/> Yes <input type="checkbox"/> No		OTHER EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	
DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable) S- BAR CHECK Sgt. 8799 visited the Can Beer store at above location. No issues were noted during the check. LIC # R7636 Manager X						
WITNESS			ADDRESS		PHONE NUMBER	
OFFENDER INFORMATION						
PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)			PROP. CODE	INSURED <input type="checkbox"/> Yes <input type="checkbox"/> No	STOLEN VALUE \$	
					DC NO.	
VEHICLE 1 — OWNER'S NAME			VEHICLE 2 — OWNER'S NAME			
VEHICLE 1 — OPERATOR'S NAME			VEHICLE 2 — OPERATOR'S NAME			
WANTED/STOLEN MESSAGE SENT		DIST./UNIT TERMINAL	RECEIPT NO.	SENT BY		



LOCATION OF OCCURRENCE 125 N 10th		P 9060	
DATE OF OCCUR. 10/21/24	DAY CODE 1	TIME OF OCCUR. P	NATURE OF INJURY None
COMPLAINANT Police	AGE	RACE	SEX
ADDRESS 0900		PHONE (HOME)	
FOUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No		REPORT TO FOLLOW <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Close Out	UNIT
WITNESS <input type="checkbox"/> Yes <input type="checkbox"/> No		TRACEABLE PROP. <input type="checkbox"/> Yes <input type="checkbox"/> No	UNIQUE DESCRIPTION OF OFFENDER <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No			
DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable) S BAR CHECK Sgt. Callahan visited CDD Beer store @ above location No issues were noted.  Lic # R7636 Refused to sign			
WITNESS	ADDRESS	PHONE NUMBER	
OFFENDER INFORMATION			
PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)		PROP. CODE	INSURED <input type="checkbox"/> Yes <input type="checkbox"/> No
			STOLEN VALUE \$
		DC NO.	
VEHICLE 1 — OWNER'S NAME		VEHICLE 2 — OWNER'S NAME	
VEHICLE 1 — OPERATOR'S NAME		VEHICLE 2 — OPERATOR'S NAME	
WANTED/STOLEN MESSAGE SENT General No. Date	DIST./UNIT TERMINAL	RECEIPT NO.	SENT BY
REPORT PREPARED BY Call 216809	NO. 8759	DIST./UNIT 09	TOTAL PAGES 1
REVIEWED BY	NO.	DIST./UNIT	REFERRAL DATE
			CEN NO.